



Docket No. 0575/68548-PCT-US/JPW/LAD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Shi Du Yan, et al.

Serial No. : 10/577,382 Examiner: G. Emch

Filed : February 11, 2008 Group Art Unit: 1649

For : METHODS FOR REDUCING SEIZURE-INDUCED NEURONAL DAMAGE

Mail Stop Amendment  
 COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Date: September 8, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

\_\_\_\_ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

\_\_\_\_ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

\_\_\_\_ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	<u>23</u> -	* <u>24</u> =	*** <u>0</u> X	\$26	\$52	=	<u>0</u>
Independent Claims	<u>3</u> -	** <u>4</u> =	*** <u>0</u> X	\$110	\$220	=	<u>0</u>
Multiple Dependent Claim(s) Presented For First Time <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>				\$195	\$390	=	<u>0</u>
				TOTAL ADDITIONAL FEE \$ <u>0</u>			

<sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.  
 \* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.  
 \*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.  
 \*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter  
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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter  
 Return Receipt Postcard  
 An Information Disclosure Statement, including Form PTO-1449  
(Copies of citations included: Yes        No         
and a fee of \$        included)  
 A Petition for an Extension of Time, including a fee of  
\$ 490.00 for a Petition for 2 Month(s) Extension of Time  
 Other (identify): Copy of reference as (Exhibit A)

THE TOTAL FEE DUE IS \$ 490.00.

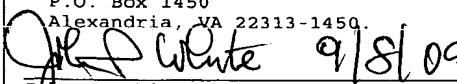
A check in the amount of \$ 490.00 is enclosed.  
 Please charge Deposit Account No.        in the amount of  
\$       .  
 The Commissioner is hereby authorized to charge any additional fees  
required or credit any overpayment to Deposit Account No. 03-3125  
as follows:  
 Fees under 37 C.F.R. §1.16 for the presentation of extra claims  
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

 9/8/09

John P. White	Date
Reg. No. 28,678	